UNI D STATES PATENT & TRADEMY & OFFICE Washington, D.C. 20231

اعجق ومر	REQUEST FOR PA	ATENT FE	E REF	DMD		
1 Da	te of Request:	2 Seri	.al/Pa	tent	# 09 00	58,,935
3 Please refund the following fee(s):			4 PAPER NUMBER		5 DATE FILED	6 AMOUNT
V	Filing				05/26/98	\$ 360
	Amendment					\$
	Extension of Time					\$
	Notice of Appeal/Appeal	•		•		\$
	Petition					\$
	Issue					\$
نخ الع	Cert of Correction/Terminal	Disc.				√ \$
	Maintenance					\$
	Assignment				7-9	_\$ <u></u>
toent da	te ON 17845999 (1) IN 1844 NLS DI OF 00000026 500417 09068935				05/26/98	\$ 825
2956 720.00 CR 6754 902:00 CR 1966 798:00 CR			7 TOTAL AMOUNT S 1185			
			8 TO	BE R	REFUNDED B	BX:
10 REASON:		Treasury Check				
X	Overpayment	·		C	redit Dep	osit A/C #:
	Duplicate Payment			9 =	0 0	417
	No Fee Due (Explanation):		<u></u>			
	Small estity status					
					··.	<u>, , , , , , , , , , , , , , , , , , , </u>
						ć.
11 REI	FUND REQUESTED BY: Alterny	/	inde	- _	نغ , ,	
TYPE	ED/PRINTED NAME: /////////	K KIN	arn)	<u>0/1</u> T :	ITLE:	KIL
SIGN	NATURE: MACHAL			P	ноие:	206-3112
OFFI	[CE:	0000000	<u> </u>	10000	0000000000	000000000000000000000000000000000000000
	S SPACE RESERVED FOR FINANCE				1/nk	0
APPF	ROVED:		DATI	: <u> </u>	7/10/7	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B